

## Office of Administration

### Commissioner's Office

#### "Request for Preauthorization for Other Services"

Program: **Alternatives to Abortion**

Contractor: AFCC

Subcontractor: CCKC- St. Joseph

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name: [REDACTED] Date Enrolled 04/12/16

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
01/31/17	State of Missouri Birth Certificate	\$15.00	Client in need of birth certificate for son for his identification purposes and to request a replacement social security card for baby that had name error. Client has no funds or other resources available to pay.
Amount to be reimbursed		\$15.00	

***Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to [emily.kraft@oa.mo.gov](mailto:emily.kraft@oa.mo.gov). by the Contractor only!***

Thank you.

Authorized person requesting purchase: 

Approved for purchase: \_\_\_\_\_ Date \_\_\_\_\_

Purchase denied: \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_